

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/18/2016
FORM APPROVED
OMB NO. 0938-0391

454 3/19/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445237	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 02/16/2016
NAME OF PROVIDER OR SUPPLIER CHURCH HILL CARE & REHAB CTR			STREET ADDRESS, CITY, STATE, ZIP CODE 701 WEST MAIN BLVD CHURCH HILL, TN 37642		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 062 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain the automatic sprinkler system.</p> <p>The findings include:</p> <p>Observation on 2/16/16 at 2:30 PM revealed 2 sprinkler heads by the kitchen hood are corroded and loaded and the sprinkler head in the housekeeping office is pushed up into the ceiling.</p> <p>These findings were verified by the maintenance director and acknowledged by the administrator during the exit conference on 2/16/16. NFPA 25 2-2.1.1*</p>	K 062	<p>The facility sprinkler system is maintained. The 2 sprinkler heads were measured on 3/7/16 and will be replaced by the Simplex technician. All sprinkler heads will be checked monthly for the next three months and findings reported to the QAPI Committee by the Plant Operations Manager/designee. All identified concerns will have plan developed and monitored by the Plant Operations Manager and/or Regional Director of Engineering.</p>	3/19/16	
K 130 SS=D	<p>NFPA 101 MISCELLANEOUS</p> <p>OTHER LSC DEFICIENCY NOT ON 2786</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain fire doors.</p> <p>The findings include:</p> <p>Observation on 2/16/16 at 1:20 PM revealed the 3 hour metal cross corridor fire doors entering zone</p>	K 130	<p>The three hour metal cross corridor fire doors entering Zone 3 was repaired by the Plant Operations Manager and checked by the Regional Director of Engineering on 3/16/16 to meet the regulation of "the clearance between the edge of the door on the pull side and the frame, and the meeting edges of doors swinging in pairs on the pull side shall be 1/8 inch - 1/16 of an inch for steel doors."</p>	3/16/16	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Don Davis

TITLE

Administrator

(X6) DATE

3/17/16

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the Institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER

CHURCH HILL CARE & REHAB CTR

STREET ADDRESS, CITY, STATE, ZIP CODE

701 WEST MAIN BLVD

CHURCH HILL, TN 37642

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K 130	<p>Continued From page 1</p> <p>3 has a gap greater than 3/16 of an inch.</p> <p>This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on 2/16/16.</p> <p>NFPA 80 2-3.1.7</p> <p>The clearance between the edge of the door on the pull side and the frame, and the meeting edges of doors swinging in pairs on the pull side shall be 1/8 in. \pm 1/16 in. (3.18 mm \pm 1.59 mm) for steel doors and shall not exceed 1/8 in. (3.18 mm) for wood doors.</p>	K 130		